

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR PROFESSIONAL BOXER LICENSE

BOXER'S MEDICAL EXAMINATION REPORT MUST BE SUBMITTED WITH THIS APPLICATION

NOTE: The Department may request additional information necessary to determine an applicant's eligibility for a license, such as additional medical reports, training schedules, personal interviews, and observation of training.

Type or Print Legibly in Ink

NAME OF BOXER:

DAYTIME PHONE NUMBER

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ADDRESS OF BOXER:

Number & Street

City

State

Zip

AGE

WEIGHT

HEIGHT

DATE OF BIRTH

PLACE OF BIRTH

1. WHAT IS BOXER'S RECORD?

Wins Losses Draws KO's

2. DATE OF LAST BOUT

3. Is boxer currently LICENSED in another state or country? If YES, where, and date of expiration of license? ☐ YES ☐ NO

4. List any physical condition and/or past illness which might affect the boxer's ability to box.

5. Has boxer been required to have an EEG, CAT Scan or MRI by any state or country before being permitted to box again by that state or country? If YES, where, when and why? ☐ YES ☐ NO

6. How many times has boxer been KNOCKED OUT as a result of head blows during a bout or received HARD BLOWS to the head making the boxer defenseless or incapable of continuing a bout?

- a. Within the past month? When? Where?
- b. Within the past year? When? Where?

7. Does any promoter or corporation receive a part of boxer's earnings as a boxer? If YES, explain. ☐ YES ☐ NO

8. If boxer has never professionally fought, or has not fought within the last five years, please provide information relating to boxing training and conditioning.

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to this application

☐ \$ 5.00 License fee

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

YES**NO**

- A. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency. ☐ ☐
- B. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. ☐ ☐
- C. Is disciplinary action pending against you in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action. ☐ ☐
- D. Have any suits or claims ever been filed against you as a result of professional services? If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition. ☐ ☐
- E. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? ☐ ☐

And if in another name, what name? _____

LIST ANY OTHER NAMES YOU HAVE EVER USED (e.g., Legal Name Change, Maiden Name, Alias), AND ESPECIALLY, ANY NAMES UNDER WHICH YOU HAVE BEEN ARRESTED _____

TO BE SIGNED BY THE APPLICANT

I state that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

SIGNATURE OF BOXER

DATE

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth
 month day year

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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.